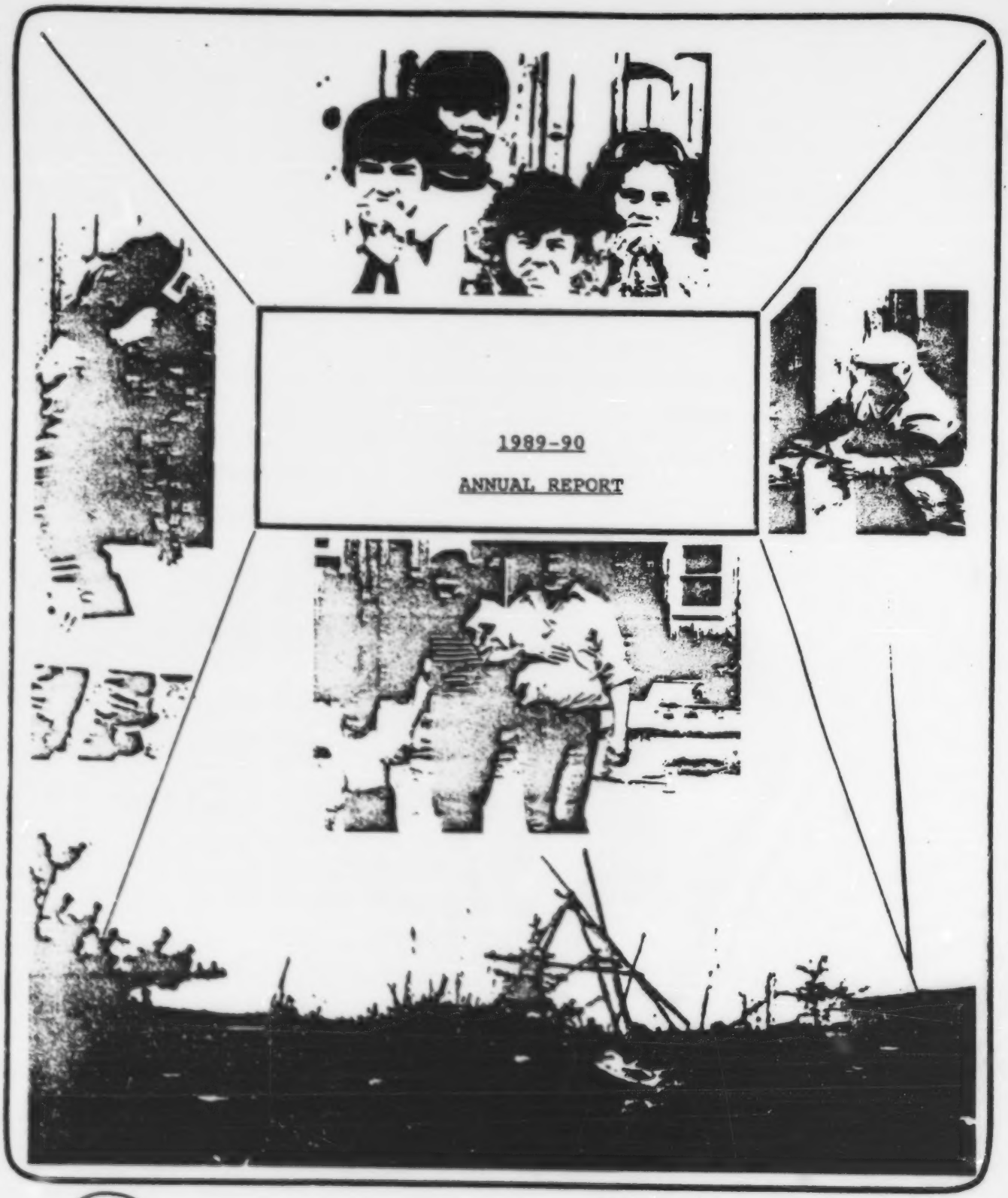

1989-90

ANNUAL REPORT

Conseil Cri de la santé et des services sociaux de la Baie James

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Cree Board of Health and Social Services of James Bay

1989-90

ANNUAL REPORT

OF THE

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

JUNE 1990

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Chisasibi, June 20 1990

Mr. Fred Georgekish
Chairman of the Board of
Directors of the Cree Board of Health and Social Services of
James Bay
Wemindji (Quebec)

Mr. Chairman,

I am pleased to send you a copy of the annual report of the Cree Board of Health and Social Services of James Bay.

We also wish to express our gratitude towards the members of the Board who were willing to contribute generously and effectively to the management of the Cree Regional Board.

Finally we hope that in the near future all the energies displayed by concerned individuals or groups will be coordinated in order to improve the health and social services for all the Cree beneficiaries of the James Bay.

Respectfully yours,

Steven Bearskin
General Manager, CBHSSJB

Wemindji, June 28 1990

Honourable Marc-Yvan Côté
Minister
Ministry of Health and Social
Services
Edifice Joffre
1075, Chemin Sainte-Foy
15ième étage
Québec (Québec)

Mr. Minister,

On behalf of the Cree Board of Health and Social Services of James Bay, I am honoured to submit to you, in conformity with section 31 of the Act respecting Health and Social Services (R.S.Q., C.S-5), the Annual Report of activities carried out by our establishment for the year ending on March 31st, 1990.

Respectfully yours,

Fred Georgekish,
Chairman of the Board of
Directors
Cree Board of Health and
Social Services of James Bay
Wemindji (Québec)
J0M 1E0

INTRODUCTION

The James Bay and Northern Quebec Agreement, signed on November 11th, 1975, between the Governments of Canada and Quebec as well as the Grand Council of the Crees (of Quebec), anticipated the creation of a Cree Regional Board which would be responsible for the administration of appropriate health and social services for all people, either permanently or temporarily residing in Region 10-B.

The Order in Council 12-13-1978, dated April 20th, 1978, materialized this section of the Agreement by creating the Cree Board of Health and Social Services of James Bay.

The Cree Regional Board, in addition to its prescribed powers, duties and functions respecting health and social services, as defined by the Act, can also maintain public establishments in one or more of the following four (4) categories:

*Local Community Service Centre
*Hospital Centre
*Social Service Centre
*Reception Centre

The Cree Board of Health and Social Services of James Bay presently administers six public establishments, as well as six Services outlets situated in each Cree community of Region 10-B:

PUBLIC ESTABLISHMENTS

Regional Hospital Centre
Chisasibi
James Bay (Quebec)
JOM 1EO
Tel: (819) 855-2844

Weesapou Group Home
Chisasibi
James Bay (Quebec)
JOM 1EO
Tel: (819) 855-2681

Cree Social Service Centre
Chisasibi
James Bay (Quebec)
JOM 1EO
Tel: (819) 855-2844

Upaachikush Group Home
951 Hoisan
Chibougamau (Quebec)
G8P 1H9
Tel: (418) 748-4641

Coastal LCSC
Chisasibi
James Bay (Quebec)
JOM 1EO
Tel: (819) 855-2844

Inland LCSC
Mistissini
Baie du Poste (Quebec)
GOW 1CO
Tel: (418) 923-3376

Inland Service outlets
Waswanipi
James Bay (Quebec)
JOY 3CO
Tel: (819) 753-2531

Nemaska, Champion Lake
c/o Camp Nemiskau
(Quebec)
JOY 3BO
Tel: (819) 673-2511

Coastal Service outlets:
Whapmagoostui
Hudson Bay (Quebec)
JOM 1GO
Tel: (819) 929-3307

Wemindji
James Bay (Quebec)
JOM 1LO
Tel: (819) 978-0225

Waskaganish
James Bay (Quebec)
JOM 1RO
Tel: (819) 895-8833

Eastmain
James Bay (Quebec)
JOM 1WO
Tel: (819) 977-0241

MEMBERS OF THE BOARD OF DIRECTORS

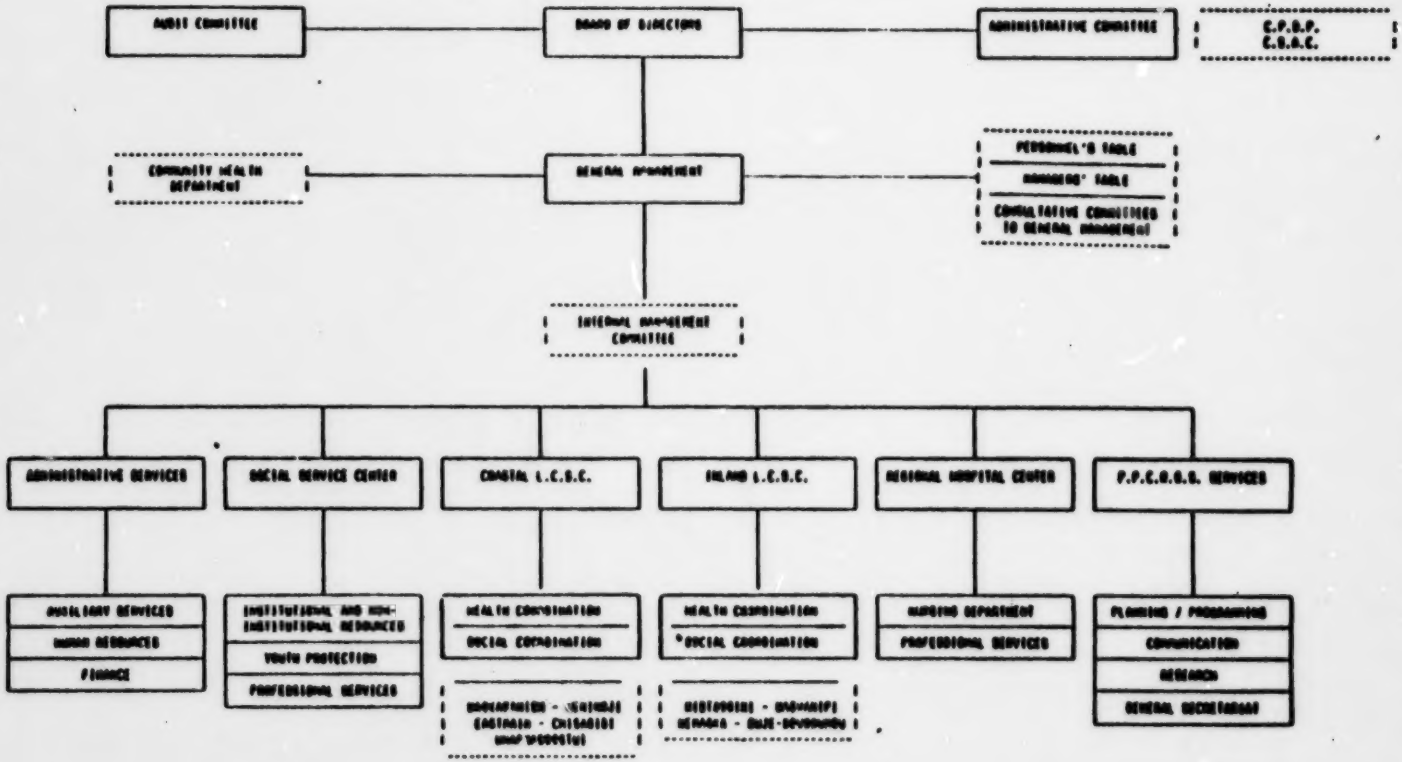
ADMINISTRATIVE COMMITTEE
AUDIT COMMITTEE

COMMUNITY/POSITION		REPRESENTATIVE
Chisasibi	**	Mr. James Neacappo, Vice-chairman
Waskaganish		Mrs. Sophia Diamond
Mistissini		Mrs. Bella Petawabano
Nemaska		Mr. John Henry Wapachee
Waswanipi	*	Mrs. Lily Sutherland
Wemindi	** *	Mrs. Fred Geaorgekish, Chairman
Whapmagoostui		Mrs. Emily Masty
Eastmain		Mr. Kenneth Gilpin
Ouje-Bougoumou		Mr. Johnny Dixon
Cree Regional Authority		To be appointed
Clinical Staff		Dr. Michel Morissette
Clinical Staff		Mrs. Louise Carrier
Clinical Staff *		Mr. Abraham Bearskin
Non-clinical staff*		Mr. Jimmy Sam
MGH - DSC		Dr. Elizabeth Robinson
General Manager	*	Mr. Steven Bearskin

* Members of the Administrative Committee
** Members of the Audit Committee

There have been five (5) meetings of the Board of Directors during the period covered by the present report, and one (1) meeting of the Administrative Committee.

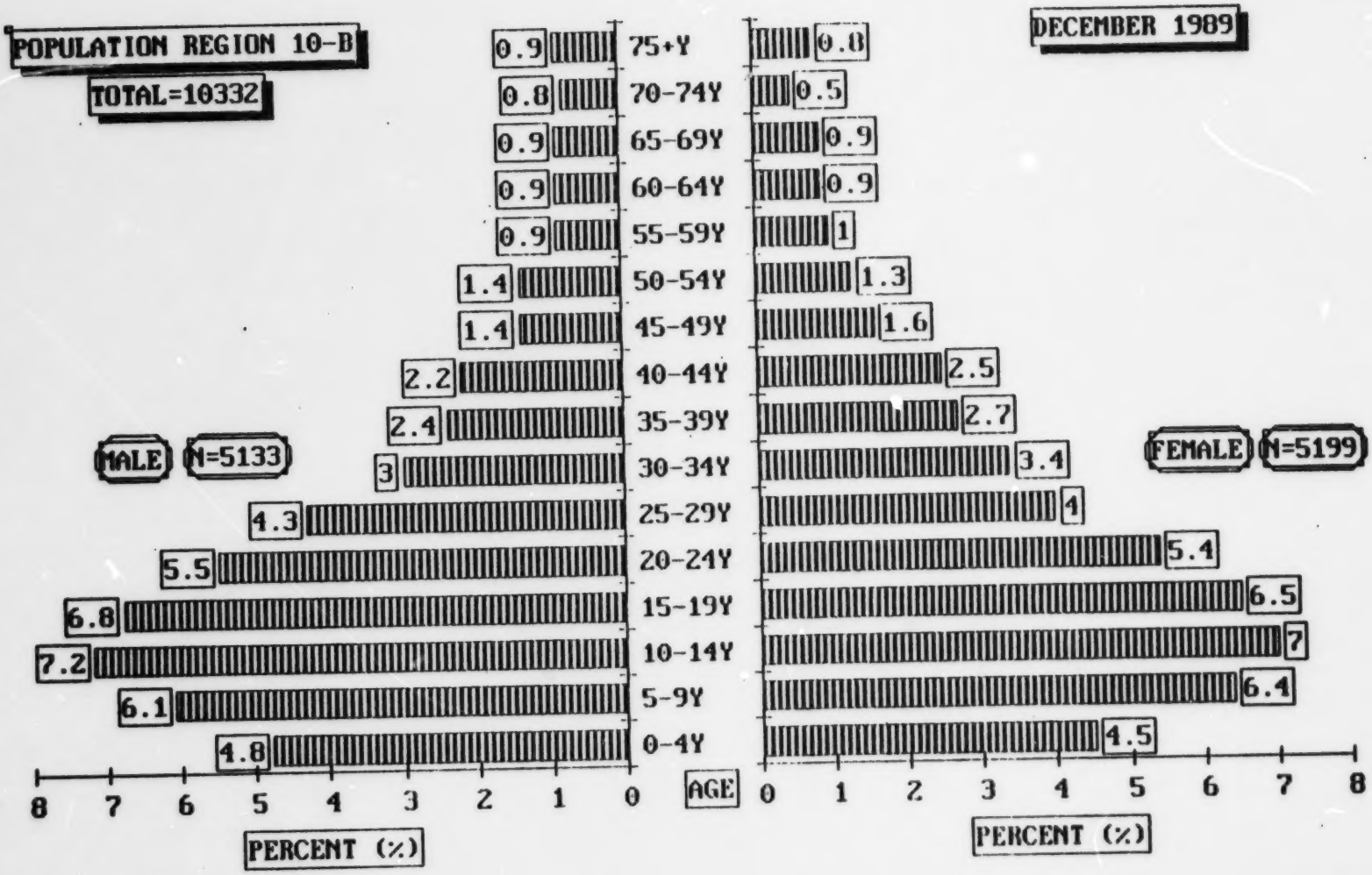
C.H.U.C.H.J.O. GENERAL CHART



CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
MANAGERIAL PERSONNEL
AS OF MARCH 31ST, 1990

General Manager	Mr. Steven Bearskin
Assistant General Manager - Administrative Services	Vacant
Director of Planning, Programming, Communication, Research and General Secretariat Services	Mr. Richard St-Jean
Director of Regional Hospital Centre	Mr. Michel Normand
Interim Director of Social Service Centre	Mr. Arnold Devlin
Director of Coastal LCSC	Mrs. Lucie Caron
Director of Inland LCSC	Mr. Daniel Beauvais
Director of Professional Services - Health	Dr. Michel Morisette
Director of Human Resources	Mr. Nil Morrisseau
Personnel Management Consultant	Mrs. Annie Bobbish
Director of Finance	Mr. Lawrence Potter
Assistant Director of Finance	Mr. Michel Dalton
Head of Purchasing	Mrs. Rollande Blais
Coordinator, Patient's Services - Val d'Or	Mrs. Thérèse Snyder
Director of Youth Protection	Mr. Abraham Bearskin
Interim Director of Institutional and Non-Institutional Resources	Mrs. Lynn Hanley
*Group Home Coordinator - Coastal	Mr. Edward Tapiatic
*Group Home Coordinator - Inland	Mr. Joe Neposh
**NNADAP Coordinator - Coastal	Mr. Edward Georgekish
**NNADAP Coordinator - Inland and Interim Social Coordinator - Inland LCSC	Mrs. Josée Quesnel
Interim Director of Nursing and Hospital Services	Mrs. Danielle Allaire
Unit Coordinator	Mrs. Lyse Poirier
Health Coordinator - Coastal LCSC	Mrs. Diane Guimond
Social Coordinator - Coastal LCSC	Mrs. Luce Faucher
Health Coordinator - Inland LCSC	Mrs. Monique Laferrière
Interim Director of Auxiliary Services	Mr. Aly Boury Sy
Director of Maintenance Services	Mr. Roderick Matches
Head of the Kitchen	Mrs. Nellie House

* **New positions to be financed**
** **Positions financed by Federal Funds**


POPULATION REGION 10-B
TOTAL=10332
DECEMBER 1989
MALE
N=5133
FEMALE
N=5199
75+Y
70-74Y
65-69Y
60-64Y
55-59Y
50-54Y
45-49Y
40-44Y
35-39Y
30-34Y
25-29Y
20-24Y
15-19Y
10-14Y
5-9Y
0-4Y
0.9
0.8
0.9
0.9
0.9
1.4
1.4
2.2
2.4
3
4.3
5.5
6.8
7.2
6.1
4.8
0.8
0.5
0.9
0.9
1
1.3
1.6
2.5
2.7
3.4
4
5.4
6.5
7
6.4
4.5
8 7 6 5 4 3 2 1 0
AGE
0 1 2 3 4 5 6 7 8
PERCENT (%)
PERCENT (%)

GENERAL MANAGER'S REPORT

On reviewing and reading the annual activity report of the CBHSSJB for the year ending March 31th, 1990, it is quite evident that there was no new development respecting programmes or services for region 10-B. It is also quite evident that this year was mostly devoted on maintaining existing programmes and services, and in preparation of plans on many files that will have a major impact on the delivery of health and social services, once these plans have been approved by the Minister of Health Services and Social Services.

BUDGET

For the year 89-90, expenses are higher compared to the revenues. Accumulated deficits for the last three (3) years have not been dealt with the Ministry and therefore, have created a serious financial problem for the CBHSSJB. Discussion are presently underway between the CBHSSJB and the Ministry with a view of resolving this matter. These discussions should be completed by the end of September 1990.

The following are highlights for the CBHSSJB.

OUJE-BOUGOUMOU

The Board of Directors has confirmed a representative of this community to sit as an official member at all its meetings. After two (2) years of planning and consultation with this community, a functional plan for the future services outlet (LCSC) and installation was approved by our Board and submitted to the Minister of Health Services and Social Services.

CHISASIBI REGIONAL HOSPITAL CENTRE

A new strategic plan of the hospital was developed by a special committee composed of the Hospital management team and CBHSSJB's Planning Service with view of improving and expanding the services. This new plan was also approved by our Board of Directors and the Ministry has also accepted the plan and already proposed that some new services be implemented such as Minor Surgery. We hope that this year the Regional Hospital Centre will provide a wider range of services for the region.

WEESAPOU GROUP HOME

Weesapou Group Home was closed and eventually condemned as unfit for occupancy, which created more problem for placement of some of our youth in the territory. We have now been granted funds by Quebec to renovate this group home and should be fully operational again by early January 1991.

UPAAKCHIKUSH GROUP HOME

This new resource was finally completed and officially opened this past year in Mistissini, after having operated out of Chibougamau for the last three (3) years.

WHAPMAGOOSTUI SERVICES OUTLET

Having deposited a functional plan for a new services outlet (LCSC) in Whapmagoostui two (2) years ago, we have been advised that financing for this services outlet will be considered in September 1990. We are optimistic that this project will be finally realized for the summer of 1991.

CREE TREATMENT CENTRE

After the completion of a feasability study that was carried out over the last two (2) years to determine the content of alcohol and drug addiction amongst the Cree population, it was determined that it was necessary to establish a Treatment Centre for the Crees.

A functional plan was prepared in collaboration with Health and Welfare Canada. A site for this centre has not been determined yet, but will be located somewhere in Cree territory. Construction of this new resource will begin for the summer of 1991.

HEALTH SURVEY

Our Research Service in cooperation with Santé-Quebec produced a research project for a health survey of region 10-B. This important survey will help the CBHSSJB and the Minister of Health Services and Social Services plan appropriate programmes and services for the clientele of region 10-B.

MENTAL HEALTH

In January 1989, the Minister of Health Services and Social Services tabled the Government's Mental Health Policy. Each Regional Health Board was mandated to prepare a regional plan for the organization of mental health services.

The preparation of this plan was carried out during the year in cooperation with local authorities and the final document was completed in May 1990. The Cree Board of Health and Social Services is anxious to implement the programmes and services as recommended in this report as services of this nature are pratically non-existant in region 10-B.

CREE COMMUNITY HEALTH DEPARTMENT

An eventual creation of a Cree Community Health Department is inevitable within the CBHSSBJ. A feasibility study of a future Cree Community Health Department was carried out during the past year. The final document should be ready and approved by the Board of Directors by September 1990.

MERCURY PROGRAMME

The CBHSSJB in cooperation with the Mercury Committee produced a video on mercury for information and educational purposes for the Cree population. Also, the CBHSSJB in cooperation with the Mercury Committee and the Cree Regional Authority was mandated to devise a reseach proposal respecting economic and socio-cultural impact of the mercury problem. This proposal was accepted by the parties and the research will be carried out over the next two (2) years in cooperation with Cree local authorities.

MONTREAL PATIENT SERVICE FILE

As it is now, this service is managed by the Northern Quebec Module (CHD-MGH) since the implementation of our establishment in the territory. The CBHSSJB made a report on the feasibility to transfer the Montreal Patient Service at the MGH to the CBHSSJB. In that sense, we hope to takeover this service in the near future so our establishment will in charge of all patient services outside our territory.

MEMORANDUM TO THE MINISTER

In March 90, the CBHSSJB presented a memorandum on the draft Bill on Health Services and Social Services to the Minister Marc-Yvan Côté. Mainly, we are in favour of the health and social services reform. But, we stressed also the importance of application of the reform in our territory in the framework of Chapter 14 (James Bay Agreement). On that matter, we requested a table of discussion so every change in the future Act should be studied carefully and see the consequences on our actual administration of health and social services in our region.

LINKS WITH CREE AUTHORITIES

We maintained a continuous communication link with the Cree Regional Authority and the Grand Council of the Crees (of Quebec) on our state of situation regarding the ongoing management of our health and social services and our state of situation on financial matter. We are actually evaluating our needs for new services and programmes and hopefully see their implementation with adequate budget.

CONCLUSION

These are the major files that have been dealt with and some of which are ongoing. We foresee year 90-91 as a major one. In fact, many new developments in our establishment will have a major impact on our organization of health and social services. We are very confident that the next year will be a positive one regarding improvement for the benefit of the people on Region 10-B.

Steven Bearskin
General Manager

REGIONAL HOSPITAL CENTRE

GENERAL ADMINISTRATION

Though there were but little developments, the year 1989-90 was very active as far as conceptualization and activities. We must consider this year as one of consolidation and preparation for future developments in our Regional Hospital Centre.

With the support of the Planning Service, a work committee was set up. This committee, made up of the Director and representatives from the Hospital different services as well as other Centres of the CBHSSJB, submitted a report illustrating what the Hospital Centre should become to meet the population's needs.

This report (strategic planning) was submitted to the Board of Directors during the month of March and later submitted to the Ministry of Health and Social Services. Already some elements of this report have been accepted by the Ministry. We can certainly assert that next year will be filled with developments.

In the following pages you will be able to read the reports and main statistics from each service. As you will see we got a lot done in a year and we therefore can say: <<Mission accomplished!>>.

PROFESSIONAL SERVICES

The main characteristic of 1989-1990 was the quality and stability of the medical staff on all the territory and under the supervision of a new Director of Professional Services.

Actually, it was possible to fill all positions: i.e. 11 experienced doctors, 6 dentists, and 1 pharmacist. We could also rely on the regular visits of specialists.

Furthermore, thanks to the nomination in every community of a doctor and a dentist in charge, we have been able to insure a regular follow-up of the population and of the different nursing teams working in the LCSCs services outlets. We acheived almost total elimination of replacement doctors and dentists. The motivation of the team working here helped concentrate all efforts towards improving quality in the services offered in the communities and in Regional Hospital Centre .

The main events for 1989-1990 were the following:

***Development of the Triennial Planning for all professional services;**

***Visits in the communities;**

***Tours and contacts to maintain professional recruiting up to date.**

CARRIED OUT FEASABILITY STUDIES

With the objective to increase the services offered by Chisasibi Regional Hospital Centre in the following fields:

1) General anesthetic;
2) Minor surgery;
3) Long colonoscopy;
4) Echography;
5) More specialized dental services;
6) Computerization of the Pharmacy Department;
7) Appointment of Dr Charles Dumont as Specialized Services Coordinator;
8) Active participation to the inter-C.R.S.S.S. Committee on medical staff;
9) Improvement of community health programmes in collaboration with the Community Health Department of M.G.H.;
10) Development of general regulations for the P.D.P.C. and creation of a different committee;
11) Active work on the delegated medical acts file;
12) Creation of users' protocoles for new medication;
13) Holding weekly meetings for the medical staff of Chisasibi;
14) Training program for students and resident doctors in our region.

We deeply hope that the year 1990-1991 will see the many projects and files prepared in 1989-1990 take shape, so that the Cree population of region 10-B can benefit from constantly improved quality care.

Medical archives

Following are statistics on hospital movements throughout the two last financial years.

	89-90	88-89
ADMISSION		
Medicine	269	220
Obstetrics	71	71
Pediatrics	132	106
Total	472	397
Newborns	49	64

	89-90	88-89
OBSERVATION		
TRANSFERS FROM ACUTE CARE TO PROLONGED CARE		
Medicine	2	2
Pediatrics	0	0
TOTAL INPATIENT SERVICE DAYS		
Acute care		
Medicine	2448	1688
Obstetrics	230	259
Pediatrics	580	419
Total	3258	2366
Newborns	155	209
Prolonged care		
Medicine	2315	3426
Pediatrics	363	365
Total	2678	3791
AVERAGE DAILY CENSUS		
Acute care		
Medicine	6.7	4.6
Obstetrics	0.6	0.7
Pediatrics	1.6	1.1
Total	9.0	6.4
Newborns	0.4	0.6
Prolonged care		
Medicine	6.3	9.4
Pediatrics	1.0	1.0
Total	7.3	10.4
NUMBER OF DELIVERIES	49 + 2 in remote clinics	59
DISCHARGES		
Acute care		
Medicine	266	219
Obstetrics	771	71
Pediatrics	134	105
Total	471	395
Newborns	49	63

	89-90	88-89
Prolonged care		
Medicine	4	5
Pediatrics	1	0
Total	5	5
HOSPITALIZATION DAYS		
Acute care		
Medicine	2417	2106
Obstetrics	225	257
Pediatrics	679	417
Total	3321	2780
Newborns	147	206
Prolonged care		
Medicine	5969	1310
Pediatrics	1569	0
Total	7538	1310
AVERAGE STAY		
Acute care		
Medicine	9.1	9.6
Obstetrics	3.2	3.6
Pediatrics	5.1	3.9
Total	7.1	7.0
Newborns	3.0	3.3
Prolonged care		
Medicine	1492.2	262.0
Pediatrics	1569.0	0
Total	1507.6	262.0

** We get this figure by dividing the number of hospitalization days by the number of discharges (5969-4).

NUMBER OF TRANSFERS TO OTHER HOSPITAL CENTRES

Medicine	22 + 1 chronic	16
Obstetrics	8	1
Pediatrics	4 + 1 chronic	4
Total	34 + 2 chronics	21
Newborn	1	0

	89-90	88-89
DEATHS		
Acute care		
Medicine	3	10
Obstetrics	0	0
Pediatrics	1	1
Total	4	11
Newborns	0	0
Prolonged care		
Medicine	3	3
Pediatrics	0	0
Total	3	3
OUTPATIENT CLINIC	18061	16808

Laboratory

The year 1989-1990 shows an impressive increase of units and tests, i.e. compared to the preceeding year 14.9% for the units and 10.2% for the tests.

This chart of the 5 last years shows work evolution in the laboratory.

	Number of tests	Number of units
*1981-82	35,788	159,158
1985-86	65,971	271,697
1986-87	67,400	292,000
1987-88	69,400	290,000
1988-89	67,811	267,989
1989-90	74,705	302,174

(We would like to call to your attention the place where there is an asterisk.)

In 90-91, we will strive towards other goals that we hope will noticeably reduce laboratory expenses.

Radiology

This year's most notable changes are within the manpower. Due to a considerable work load for one technician in Chisasibi and the enourmous labour turnover, no project has been planned. And this year, no acquisition of material has been made.

On Septembre 1989, the RX machine was checked by Picker Electrique. The machine is well calibrated except for the MA 300. We

should stress once more on the fact that the RX machine is very old and that it should be replaced as soon as possible so not to cause future prejudice to anyone.

Here are the statistics for the year 1989-1990.

	88-89	89-90
NUMBER OF PATIENTS		
Hospitalized patients	162	211
Outpatients	1015	1170
Referred patients	230	252
Refered patients	230	252
TOTAL:	1407	1633
NUMBER OF EXAMINATIONS		
Hospitalized patients	209	249
Outpatients	1253	1432
Referred patients	292	339
TOTAL:	1754	2020
NUMBERS OF UNITS		
Hospitalized patients	978	1243
Outpatients	8913	10660
Referred patient	2099	2609
TOTAL:	11990	14512
NUMBER OF FILMS		
Hospitalized patients	220	368
Outpatients	2275	2465
Referred patients	531	636
TOTAL:	3026	3469

LESS ACTIVE PERIODS

From April 1st to April 22nd 89. From April 23th to May 20th 89.

MOST ACTIVE PERIODS

From July 16th to August 12th 89. From December 31st to January 27th 90.

Dentistry

The year 1989-90 was a busy one filled for the Dental Department of the Cree Board of Health and Social Services. Three of our permanent dentists left the region and were replaced.

Funds were authorized for a new dental unit for Whapmagoostui. The Cox unit was installed during late winter 1989. Eastmain also was accepted to receive similar equipment which is pending.

All LCSCs services outlets received dental equipment allowing them to maintain better sterile technique; (second set of handpieces, auto-clavable air/water syringes and sterilizer to those outlets needing them).

There still remains a problem with policies concerning dental treatment for Crees outside the territory. This needs to be discussed with Quebec for a final policy to be formulated.

Dental hygiene

We always devote all of our time to the Dental Hygiene School Programme which is wll established in eight (8) of the communities' schools; it is important to maintain what we have gained, making sure of its continuation through follow-ups and evaluations.

The Dental Hygiene School Programme evaluation report of 1988-1989 was published in August 1989. The basic programme activities are as follow: screening examinations, educational visits, the teacher's activities, collective teeth brushing, and distribution of fluoride tablets.

Here is a brief assessment of the 1988-1989 programme: pursuant to the screening examinations, 73% of the children needed dental care. Six (6) months later, the follow-up revealed that 44% of the children refered to us had not yet been at the dentist.

During that year, 96% of the school classes had been visited twice (2), 64% of the teachers had set up activities in their classes, 81% of the targeted classes had implemented collective teeth brushing and the students' average rate within the fluoride programme was of 55%.

In the autumn of 1989, we went on our annual visit to the schools. On the 850 students examined, we refered 503 to the dentist, that is to say 60% of the children needed dental care. Compared to last year (where 73% of the children needed dental care) it is a 13% decrease which is very encouraging.

The screening examinations' follow-ups in the spring revealed that on 508 refered children, 257 have not yet been at the dentist: i.e. 50%. Unfortunately, it is a 6% increase compare to last year

when we had 44%. The Dental Health School Programme evaluation report of 1989-90 will be available in August.

As a special project, we have developed teaching material in dental health for pregnant women and young mothers. During the first post-natal housecall, a pre-natal kit is given out during the first trimester of the pregancy. These kits have been prepared for the Mistissini services outlet. By next autumn, the material will be given out according to requests made by the territory's other services outlets.

Pharmacy

During the year 1989 we did not have a permanent pharmacist on staff at the Cree Board. Many pharmacists came to work temporarily. Since January 90, we have a full-time pharmacist.

During 1990-91, she will restructure and computerize the Pharmacy Department. She will be in charge of all medication distribution on the Cree territory, including the Inland sub-region.

Nursing

When it comes to nursing care, the fiscal year of 1989-1990 was a very busy year. The Nursing Director left in December 1989 and has not yet been replaced.

In December 1989, Hospital Services (cafeteria, laundry, etc.) were transfered to the Auxiliary Services.

Furthermore different courses were given in the hospital to Department employees (nurses, auxiliary nurses and workers), i.e.: Children's Hyperthermia, Reanimation of infants (theory and practice), Operation and Maintenance of the material, Pharmacology, Diabetes, the Mercury Programme and Inhalotherapy.

MISCELLANEOUS

15 new nurses , 1 new auxiliary nurse, 1 coordinator and 2 new secretaries have received orientation in the hospital;

1 nurse is on a long term sick leave;

4 nurses were on precautionary cessation of work, pregnancy or sick leave;

1 nurse was on workman's accident: back injury;

1 native nurse is following a training on emergencies;

5 nurses and 1 auxiliary were on absence without pay;

2 nurses and 1 coordinator transfered to the LCSC;

1 nurse is a member of the national negociation team and therefore was on leave for 5 1/2 months;

7 nurses voluntarily terminated their jobs at the hospital;

- 2723.25 hours of sick leave have been payed, therefore 1496.75 have not been replaced;

- 889.50 necessary hours have been used for the orientation of new personnel;

- 1282 hours of overtime have been payed (1/2 rate) and 736.50 hours of overtime have been replaced by straigh-time;

- 478 hours were necessary for the medivacs.

SOCIAL SERVICE CENTRE

GENERAL ADMINISTRATION

1989-1990 was a year that brought about improvements and consolidation in the clinical programmes and services provided by the Social Service Centre.

SSC Highlights for 1989-1990

1. In September 1989 a management planning session was held at Obatagamau Lake. From this session a strategic plan of action was adopted by the SSC managers. This plan focused on those factors that would lead to an improved effectiveness, efficiency and quality of the SSC services to the Cree people.

2. Job descriptions for all SSC employees were reviewed and updated.

3. SSC Triennial Programming for 1989-1992 was completed.

4. A Client Information System and Management Information System were developed with the assistance of a consultant from ACSSQ and the CBHSSJB Planning and Programming Services.

5. The professional services contract with Shawbridge Youth Centre for the training of group home staff was renewed. Also, a professional services contract with Jewish Family Services Social Service Centre was developed and signed in December 1989. Already this contract has provided training opportunities for Cree middle managers at the LCSC and SSC, and for Social Service workers and Foster Home parents who take care of elders. Clinical SW training session is planned for the fall 1990.

6. Two, one week training sessions for LCSC Community workers and SSC Social Service workers were given by Dr. Bessa Whitemore on "Principles of Social Work Intervention in Cree Communities" and "Foundations of Social Work Practice: Building a Framework". The training sessions were held in May and October 1989.

SSC Material Resources Review

Problems continue to exist with the office space for SSC personnel in Whapmagoostui, Chisasibi, Wemindji and Eastmain. Inadequate working conditions have a negative effect. Client confidentiality is compromised and the general morale of the staff is influenced due to overcrowding.

A major problem developed during 1989 when the Weesapou Group Home had to close because of the septic system backing up into the building and the poor condition of the building. This programme is presently working out of a six room trailer in Chisasibi.

YOUTH PROTECTION DIRECTION

The Youth Protection Director had a temporary posting in Mistissini to give support to the Inland workers and to set up a Social Emergency Service. The Social Emergency Service is now in place and is on going except to finalize some minor details such as 24 hours telephone service.

One major area in which the Youth Protection Department has been active is the setup and implementing a central filing system in Chisasibi.

STATISTICS

- Youth Protection referred to Youth Chamber - 47 cases

- Security unit in Chisasibi - 30 cases for a total of 291 hours

Number of Clients by Community

	89-90		88-89	
	Y.P.A.	Y.O.A*	Y.P.A.	Y.O.A.
Chisasibi	40	22	69	54
Whapmagoostui	17	1	15	7
Wemindji	42	3	48	37
Eastmain	2	6	20	6
Waskaganish	27	31	47	48
Nemaska	49	26	83	27
Waswanipi	44	51	162	166
Mistissini	199	36	39	84
TOTAL	**340**	**176**	**483**	**429**

*Y.P.A.: Youth Protection Act
Y.O.A.: Young Offenders Act

N.B.: Adoption files are included in Youth Protection cases

RESOURCES DIRECTION

Institutional Resources

During 1989-1990, plans for the transfer of the Youth Reception Centre services, that are presently given outside the Cree region, continued. The MHSS master plan for Readaptation services to youth with social adjustment and emotional problems within the James Bay region expired in December 1989.

In that plan the Cree Social Service Centre fulfilled all of its objectives, which included: the development of two-seven bed Group Homes and the development of a Foster Home network in each Cree community providing Regular Special and Readaptation Foster placements.

For 1989-1990, 35 Cree youth were placed in Reception Centres such as L'Etape in Val d'Or and Shawbridge and Youth Horizons in Montreal.

The Upaahchikush Group Home moved from Chibougamau, where the programme had been since 1987, to a newly constructed building in Mistissini. The Group Home staff and clients moved into their new building in January 1990 and an open house was held on March 1st, 1990.

Plans have also been submitted to Indian Affairs and Health and Welfare for the development of a Cree Drug and Alcohol Treatment Centre. With the collaboration of the Planning Service, a functional plan and development budget were part of the CBHSSJB submission. We are still awaiting a reply.

WEESAPOU GROUP HOME

Record of Principal Activities

- Statistical Summary 1989-90

Total Number of Youth in Placement	21
Teenage Boys	8
Teenage Girls	13
Young Offenders Act-Open Custody Placements	2
Youth Protection Act Placements	19
Art 38 - Court Order	11
Art 54 - Voluntary Measures	7
Art 46 - Urgent Measures	1
Total "Jour de Présence"	2010
Home-Visits by Group Home Clients	264

Back-Up Reception Centre	46
Hospitalization	0
AWOL	24
Discharged Clients	17
Average Number of Clients Per Day	4
Weesapou Group Home operating permit is for	7

UPAACHIKUSH GROUP HOME

Statistical Summary of Clients: April 1, 1989- March 31, 1990

Total number of placements	23
Women	15
Men	8
Voluntary Measures	3
Youth Protection Act	15
Young Offenders Act	5
Total "Jour de Présence"	2354
Home visits by Group Home Clients	41
Back-up Reception Centre	0
Hospitalization	0
Awols	1
Discharged clients	16
Average number of clients per day	6
Upaarchikush Group Homeoperating Permit is for	7

Non-Institutional Resources

The number of children, youth adults and elders who were placed in Foster Homes by Cree Social Service workers increased dramatically from 121 individuals in 1987-88, to 179 people in 88-89 and in 1989-90, 213 individuals were placed.

On the average, children were placed in a foster home for less than 3 months before they returned to their natural home or guardian.

FOSTER HOME PLACEMENT STATISTICS

DAYS PRESENCE 1989-90

Category	Regular	Special	Rehab.	Total
Children 0-4	5580	898		6478
Children 5-11	4180	647		4827
Children 12-15	3787	586	70	4443
Children 16-17	2568	213	100	2881
Sub-Total	16115	2344	170	18629
Adult	96	895	24	1015
Elderly	90	1696	109	1895
GRAND TOTAL	**16301**	**4935**	**303**	**21539**

FOSTER HOME PLACEMENT STATISTICS

COMMUNITY	CHILDREN		ADULTS		ELDERLY		TOTAL
	M	F	M	F	M	F	
Whapmagoostui	3	5			8		
Chisasibi	29	23			52		
Wemindji	1			1		1	3
Eastmain	6	4		3			13
Waskaganish	16	11		1	1	2	31
Nemaska	4	7			11		
Waswanipi	22	16	1	1	1	2	43
Mistissini	14	24		6	2	6	52
TOTAL	95	90	1	13	4	10	213

COASTAL LOCAL COMMUNITY SERVICE CENTRE

GENERAL ADMINISTRATION

The year 1989-1990 was for our LCSC a bit difficult due to numerous changes within the management team. In fact, the position of Social Coordinator was vacant for more than 6 months and the position of Health Coordinator was vacant for more than 2 months. Furthermore during the whole year the Nursing staff turnover remained extremely high.

Because of numerous upsets in our services, we chose not to develop any project but to consolidate what we had already established. Next year we hope to emphasize the following:

- training nurses;
- supervising the CHRs;
- standardizing data gathering and activity reports (social services);
- promoting access to homecare services;
- developing qualification standards for the Community Workers.

HEALTH SERVICES

The touring of our services outlets was done in an average of four (4) times during the last year. Special attention was given to the implementation of Community Health programmes.

We have a 3rd nurse and replace the CHR in our staff of Whapmagoostui. Inspite of all our efforts we could not fill the vacant positions of CHRs in the communities of Eastmain and Waskaganish.

STATISTICS ON CONSULTATION

	89-90	88-89	%INCREASED (DECREASED)
Whapmagoostui			
Curative	5216	4543	14.8
Community Health	1628	1705	(4.6)
Chisasibi			
Curative (Outpatient Clinic	18061	16808	7.4
Community Health	5275	6017	(12.4)
Wemindji			
Curative	4362	4421	(1.4)
Community Health	1575	2138	(26.3)
Eastmain			
Curative	3247	3180	2.1
Community Health	1661	1005	65.2
Waskaganish			
Curative	7597	8093	(6.2)
Community Health	2940	2650	10.9
Region 10-B			
Curative	63190	60616	4.2
Community Health	21082	20712	1.7

DIETICIAN

During the past year, the dietician, which serves the eight communities through both LCSCs gave top priority to the following:
- School Nutrition Education Programme
- individual diabetic diet teaching
- Nutrition Month 1990

School Nutrition Education Programme.

The programme was carried out by the Community Health Representative (CHR) in all schools of the territory, except Waskaganish and Eastmain, for the 3rd consecutive year. The programme was evaluated in 1988 - 89. Results show that the programme was applied at a rate of 75% by CHRs, that 60% of the professors participated in the evaluation and 95% of these professors participated in the programme.

Individual Diabetic Diet Teaching.

A diabetic diet teaching kit and teaching aids were developed for CHRs. A two (2) day training session was conducted for all CHRs together and an additional 1.5 days of training in their own community was given.

Nutrition Month 1990.

A following activities were done in all communities:

- a special nutrition issue of the Aispich Chakwan Bulletin
- broadcast of an native legend on nutrition and health
- nutrition bingo in three (3) communities
- a Nutrition Month contest (legend or drawing) in schools at the secondary level.
- one week of healthy menus prepared at the Hospital cafeteria (Chisasibi)
- nutrition messages posted in food stores (Chisasibi only)
- a radio phone-in on nutrition (Chisasibi only)

Forty (40) patients were also seen for diet counselling.

SOCIAL SERVICES

The LCSC was characterized in 1989 and the beginning of 1990 by the absence of a Social Coordinator. Actually and for about 5 months (September 19-89 to mid-January 1990), the LCSC Director had to fill this vacant position herself.

First of all, it is therefore important to indicate that this fact was of consequence for all the workers involved in the opening of the Social Service at the Coastal LCSC. The Community and the Homecare Workers had no training in Social Service and therefore did not always receive the technical support required.

Nevertheless, everyone managed to persevere in their respective tasks and to respond to the population's requests at the very best of their knowledge.

Before going any further, it would be interesting to know what were the activities realized by the Community Workers, the Homecare Workers and the Social Service between April 1989 and April 1990:

Whapmagoostui	3 visits
Wemindji	2 visits
Eastmain	1 visit
Waskaganish	2 visits

2) The case load of each community work consists permanently of about thirty-five (35) active cases.

3) As for the Homecare Service, it has showed during this year that its existence is not trivial and consequently the training of Homecare Workers is urgent.

Homecare Service statistics:

Chisasibi .....5,640 hours
Whapmagoostui.....1,837 hours
Wemindji..... 760 hours
Eastmain.....2,005 hours
Waskaganish.....3,000 hours

NNADAP - COASTAL

In the year 1989-90, NNADAP showed good productivity in it's task to inform and educate the general public on the effects and consequences of alcohol, drug and solvents abuse as well as working closely with various people that had experienced alcohol and drug abuse that want to maintain sobriety.

Notwithstanding was the Mamoweedow Minshtukch that took place at Fort George Island on August 1989. NNADAP took the initiative to activate the file on a proposal submitted by Paul Cash, NNADAP Worker, an idea that originated by former Chief Robbie Matthew Sr.

Furthermore, there were certain tasks we took into account to initiate an A.A. Group in Wemindji, even though it was not in our mandate to intervene, but NNADAP did just that because it was essential need for some individuals that returned from treatment and also the A.A.

Throughout the year NNADAP has managed to set a better relationship with their local Band Council and entities by working together to minimize the problem of alcohol and drug abuse in the community. We also utilized the expertise of local resource we have within the community, because we understand the problem better. It's obvious we can do good with the assistance these resource groups, because the problem of alcohol and drug abuse is not just NNADAP problem; but it's also community problem in general.

Also, community organization like recreation are starting to come forward asking for collaboration. For example, in Eastmain there was a creation of group performers called "Weapenicappo Fiddler Band" consist of 4 young men plus 12 dancers all making an effort to maintain sobriety. However, in February 90, they toured the Inland communities of Mistissini and Waswanipi to promote Alcohol and Drug Awareness, NNADAP is playing the leading role to promote this group.

The application of objective #3 of the 1989-90 NNADAP Contribution Agreement was very effective has it defines to create an "ad hoc" committee whenever we have major events like the "National Addiction Awareness Week" (NAAW). Through this format it was possible for the Coastal communities to have master plan to promote this particular week, which head through-out the region.

In Waskaganish, the NNADAP Worker produced a local newsletter to inform the general public on the issue of alcohol, drug and solvent abuse, which was very informative and from here on NNADAP decided to consider one of our mandates in 1990-91 NNADAP contribution agreement to produce a regional NNADAP Newsletter that should come out sometime in June 1990.

Furthermore, the objectives that were not implemented like the school curriculum development (objective #4) and role model programme (objective #6) and also the Cree syllabics simply because of financial reasons; that's why we retained these objectives for the 1990-91 NNADAP Contribution Agreement, inorder we fulfil these mandates.

Since there was a lack of funding allocated for NNADAP to promote summer activities, we have managed with good collaboration of the local Band Council the permission to fundraise whenever possible. In Chisasibi, one of our major tasks was established an association aside from NNADAP to remedy our present problem of financial restrain.

The money would go to youth projects, summer activities, sponsorship for the AA members to go to A.A. Convention elsewhere, in a sense we would be autonomous, we know the problem exists and we will deal with it in any way we can.

INLAND LOCAL COMMUNITY SERVICE CENTRE

GENERAL ADMINISTRATION

During the fiscal year it was decided to review the contract binding the Cree Board to the Chibougamau Hospital. This contract's operational costs were too high. Starting April 1990, it was our intention to order our pharmaceutical, medical and general supplies from our own pharmacy and our own store at the Chisasibi Hospital.

We have renewed the known requests with the Ministry of Health and Social Services, i.e. housing for Mistissini and Nemaska. We are still waiting for answers on this subject.

At the end of the year the Board of Directors looked at and adopted a regulation proposal which will govern the ambulance services for all the region. These regulations will come into effect as soon as the Ministry will have approved them. The regulations will help us to give the population a closer follow-up on these services and also insure a better control of activities in this sector.

Furthermore, Waswanipi has received refresher courses for their drivers and technicians and the same for the technicians of Mistissini. Lastly, at the end of the year, a new contract was discussed with the representatives of the MHSS in view of an application to Waswanipi.

Some work was done during the year to improve maintenance of our buildings. The apartment block of Mistissini was completly repainted (inside) and also at the Mistissini services Centre (inside also) as well as some reajustments jobs. Requests to the MHSS for generators for Waswanipi and Mistissini were renewed. We are still waiting for answers.

During the year special attention was given to Waswanipi to insure a more regular follow-up of its problems. Consultants were hired with a three (3) month mandate. A tangible improvement was brought and the situation will be closely watched.

Starting Febuary 1st 1990, a tighter control will be made on costs related to our clientele's movement at the Chibougamau Indian Centre. The system has been in effect for the past three months and it comes up to our expectations.

In the year that just began we will follow very closely two files: the organization of Ouje-Bougoumou services outlet, the services to be provided to the population and the residence which should be functional by the summer 1991. We will also invest a lot of energy to finalize and establish a policy of orientation and integration of the LCSC personnel.

The lack of knowledge of the territory, its population and our organization created sufficiently well known problems to warrant us to give the priority to this policy.

HEALTH SERVICES

For the year, 1989-90 we have put the emphasis on accomplishing our Triennial Planning objectives. A lot of them were fulfilled thanks to the collaboration of all the interveners, directly or indirectly. Here is a summary of these various accomplishments:

1. Supporting nativization of the services:

. An innovation: appointment of two Cree employees in charge of the administrative functioning of Waswanipi and Mistissini services outlets.

. The hiring and training in Community Health of a Cree Auxiliary Nurse.

. Two training sessions in Audiovisual Data for four (4) CHRs.

2. Establishing a proper administrative structure to insure the continuation of activities:

. Inventory and revision of medication and medical supplies quotas.

. Establishing a system of equipment loan.

. **Standardization of emergency rooms.**

. **Restructuring tasks analysis.**

. **Individualised orientation and integration plan.**

. **Care protocols to set up delegated medical acts.**

. **Follow-up cards and "Kardex" of Community Health presently instituted in all services outlets.**

3. Improving management of personnel movement:

. A policy governing annual leaves is presently in effect.

. Developing a notebook of personnel movement and holliday/outing control.

. Annual planning of training. In 1989-90, 78 days of training were given to 9 nurses. One of the courses was on the B.T.L.S.

. Creation of a training committee on health for the 10-B region.

4. Making sure that the number of clinical personnel is sufficient to respond to the LCSC mandates:

. Hiring in 1989-90:
- a fifth nurse at Mistissini.
- A full time doctor for Waswanipi.
- A secretary-receptionist for Mistissini.
- An auxiliary nurse (Mistissini).
- A part-time CHR for Waswanipi.

5. Coordinating and supervising Community Health Programmes:

STDs & AIDS: The CHD hired a specialist: a speaker toured all the schools; STDs notebooks for teachers; used in all the schools.

School Health: being applied to all the communities, because special emphasis has been put on the programme.

TB: three active cases in Mistissini. A new protocol has been recently finalized to facilitate follow-ups.

Pilot projects: Physical activities (Nemaska); Diabetes (Mistissini).

Ouje-Bougoumou: With the collaboration of the des Grands Bois LCSC, our Health Community Programmes will be implemented in 1990-91. They will be taken over by the Inland LCSC during the summer of 1992.

6.Establishing a proper archives system:

. The reception and the medical records services have been reorganized for Mistissini and Waswanipi.

. Updating the medical records for Nemaska and Waswanipi will be completed by the summer of 1990.

. A confidentiality campaign on medical records has already been started and will continue until November 1990.

STATISTICS ON CONSULTATION
INLAND LCSC

	89-90	88-89	% INCREASED (DECREASED)
MISTISSINI			
Curative	14130	13746	2.8
Community Health	4346	4123	5.4
WASWANIPI			
Curative	6449	6367	1.3
Community Health	4032	1792	125.0
NEMASKA			
Curative	2292	3458	(33.8)
Community Health	1220	1342	(9.1)

STATISTICS

PATIENT SERVICES
CHIBOUGAMAU

		NEWBORNS	HOSP.*	TRANSPORT.**	ESCORTS
Mistissini	C	46	501	738	-
	A	-	1061	2757	637
Waswanipi	C	21	232	202	-
	A	-	535	1390	222
TOTAL	C	67	733	940	-
	A	-	1596	4147	859
GRAND TOTAL		67	2329	5087	859

*: Hospitalization days/CHIBOUGAMAU
**: Number of beneficiaries transported by CLSC's vehicles

(C: children A: adults)

SOCIAL SERVICES

There has been a certain staff turnover for the Coordination of the Social Service at the Inland LCSC. From October 1989 to April 1990, the NNADAP Inland Coordinator had taken, by interim, the position of Social Service Coordinator. Throughout this last year, we have developed further the services offered at the level of first line services.

The involvement of the Community Workers through their intervention, has allowed them to pursue their own professional development and identify specific needs for training. These interventions have been performed in five (5) major fields of activity (specific target groups).

- The youth; offering counselling services, doing case evaluation and referral to other services in place, intervention within the school milieu and with drop-outs.

- The elders; offering Homecare services.

- Services to couples with marital difficulties; doing case evaluation, referral to proper resources.

- Family counselling; helping clients and their families when in need, for example: families of alcoholics.

- Community development; the Community Worker have been involved in community projects, becoming resource person and working in collaboration with other entities.

Other files remain priorities for the Social Service of the Inland LCSC such as the development of a structured training programme for the Community Workers.

The continuous development of this file has been assured by the involvement of Peter Atkinson, Training Officer.

Another ongoing file is the development of a system for collecting data. The coordination turnover has made it difficult to assure a proper follow-up of this file. However the Community Workers have demonstrated their abilities with this task.

NNADAP - INLAND

The National Native Alcohol and Drug Abuse Programme of the Cree Board of Health and Social Services has completed another year of operation within the Inland communities. Throughout this year, the programme has followed its objectives presented in 1989-90 contribution agreement. Some of these objectives have been adjusted in order to meet the needs with a more realistic approach. This is one of the main characteristic of NNADAP; yearly objectives are being set up (in

respect to a need assessment study done in 1988) and following an evaluation. Adjustments are made in order to progress in the development of a specific programme for the Cree population of James Bay.

NNADAP has been involved in the nine (9) Cree communities by implementing and supporting Alcohol and Drug Abuse prevention committees. With this objective and respecting the needs of the population, for some communities having an Ad Hoc committee was more efficient.

Again this year we have been involved in the development of a training programme for the Alcohol and Drug Abuse Prevention Worker. This activity is an ongoing process.

The NNADAP Prevention Workers have also been involved in the school milieu, making presentation in the classes. Furthermore, they have been the main resource persons for public awareness concerning alcohol and drug abuse.

NNADAP has been present in the communities by the involvement with other entities, information on local radio, producing local newsletters, public speaking in special meetings and by becoming consultants for other entities or other level of services within the CBHSSJB Planning phase of the 3rd Annual Regional Cree Conference on alcohol and drug abuse was started in Mistissini and NNADAP has been once again involved in this project. The said conference will be held in July 1990.

In the Inland communities for the Ouje-Bougoumou and Nemaska, there has been a staff turnover and it took a certain time to hire the personnel. We feel that once we have a proper and more structured training plan the staff turnover rate should be lower.

NNADAP was also involved in the development of the addiction services in James Bay region, being consulted for the development of treatment services and aftercare services.

PLANNING, PROGRAMMING, RESEARCH, COMMUNICATION AND GENERAL SECRETARIAT SERVICES

INTRODUCTION

The year 1989-90 was very productive for our services. Indeed, many files have been finalized and new ones are actually in a developmental phase. As planned, many activities regarding Planning and Programming Services are recurrent because their goals are still important for the well-being of our population. We have improve our knowledge of the population's needs by making very useful research and population consultation.

Communication Service has produced information tools more adapted for our region. General Secretariat Service produced a memorandum for the Board of Directors. Finally, many functional plans for future services outlets or centres were finalized and adopted by the Board.

PLANNING SERVICE

1. The functional plan of the future clinic for Ouje-Bougoumou has been approved by the Board of Directors, and a technical discussion process has started at the MHSS.

2. Writing of the functional plan of the future Cree Treatment Centre regarding alcoholism and drug abuse; approved by the Board of Directors and sent to Ottawa at the Department of Health and Welfare Canada for final approval.

3. Beginning of the devising of an organization plan on mental health services, intellectual and physical impairments. The nine (9) Cree communities and RCHSS's interveners have been consulted respecting the priorities and the required resources.

4. The 1989-1992 Triennial Programming of our activities has been approved by the Board of Directors.

5. Implementation of the first step of the computerization of the Val d'Or Patients' Services.

6. Implementation of a form allowing the gathering of information on the use of medication and computerization of the data for the Pharmacy Department.

7. Beginning of the process for the devising of a computerization system for the data on the clientele of the Social Service Centre.

8. The file on the computerization of Administrative Services, Hospital Services and the two (2) LCSCs is still processed at the Ministry (submitted in July 1989).

9. Participation in the devising of the Chisasibi Regional Hospital Centre's Strategic Plan.

10. Production of quantitative and financial data for the file "CBHSSJB's Plane".

11. Writing of a report on the socio-medical data respecting the functioning of the Whapmagoostui services outlet.

12. Production of periodic statistics on foster families for the SSC and participation in the production of a report for the MHSS.

13. Production of a report on the clientele of handicapped persons which was sent to the MHSS.

14. Production of a report on the feasibility to transfer the Montreal Patients' Services at the MGH to the CBHSSJB which was adopted by the Board of Directors.

15. Meeting with the authorities of the RCHSS of the North Coast and RCHSS of the Abitibi-Temiscamingue in order to discuss the integration of their Community Health Department. This will help us as a comparison for the creation of a future Cree Community Health Department on our territory.

PROGRAMMING SERVICE

1. During the year 1989-90, we continued to work in close collaboration with the Northern Quebec Module (CHD-MGH) and through close consultation with the LCSCs and the population itself via the Table for Community Health Programming and Research.

2. During the summer of 1989, one Community Health training session was conducted for the Community Health Representatives (CHR) from June 5 - 10, as regards Community Health programmes (Mercury, STD campaign, Diabetes, Evaluation of the Bush Kit Programme, Evaluation of the Nutrition Education Programme and Evaluation of the Dental Health Programme).

3. Our priority in Community Health Programming for 1989-90 were:

a) Community Health Triennial Programming 1989-92;
b) implementation of the Sexuality Programme in the territory;
c) elaboration of the Triennial Programming and the Intervention Programme on Adults' Health (prevention of heart diseases, diabetes and high blood pressure).

4. During the summer of 1989, 9 Bush Kit instructors attended a training session in Chisasibi for a review of the Bush Kit Programme. Fifty-six (56) hunters and trappers attended the Bush Kit course.

5. During the last year we continued to work in cooperation with the Cree School Board in order to implement the Sexual Education Programme intended for the Cree teenagers of the secondary level, French and English. This document is on prevention of STD and contraception. Our great achievement in this matter was the implementation of the Sexuality Programme in the territory. All the Band Councils agreed and supported this programme in the communities.

6. With the cooperation of the Dietician, elaboration of the triennial programming of the Adults' Health Programme (prevention of heart diseases, diabetes and high blood pressure) 1989-1992.

7. From April 1989 to March 1990, four (4) new active tuberculosis cases have been reported in the territory. Three of them in Mistissini and one in Waskaganish.

Two activities took place in 1989:

a) Evaluation of the programme on the territory

b) Revision of the Tuberculosis Surveillance protocol, October 1989 - March 1990.

8. VACCINATION AGAINST INFLUENZA PROGRAMME 1989-90

COMMUNITY	TARGET-POPULATION	NO. IMMUNIZED PERSONS	% PARTICIPA.
GREAT WHALE	36	15	41.6%
CHISASIBI	155	148	95.5%
WEMINDJI	64	64	100%
EASTMAIN	34	37	100%
WASKAGANISH	80	45	56.25%
NEMASKA	32	22	68.75%
MISTISSINI	149	80	53.7%
WASWANIPI	90	48	53.3%
Total	640	459	71.7%

9. In the field of reportable diseases, 1989 has been characterized by an increase of STDs, hepatitis B and gastro-enteritis cases. During the month of May 1989, we had an epidemic of gastro-enteritis in Waskaganish, 42 cases were reported.

10. In August 1989, during a measles epidemic in the Province of Quebec and after 71 cases were reported in Chibougamau, Chicoutimi, Roberval and 41 in Abitibi, we decided to verify the vaccinal status of teachers and students of all the schools on the territory (10B) and we vaccinated all the persons found without immunity evidence against measles.

11. For 1989, the Methylmercury Surveillance Programme has been carried out in the 9 Cree communities. The target groups were:

1. Pregnant women and women of child bearing age 15-39 years old. Women from 1986 to 1988 who had a mercury level higher than 9 mg/kg.

2. Men and women 40 years old and older

   a) trappers on a regular basis
   b) people participants in the Income Security Programme
   c) people who had their mercury results higher than 30 mg/kg
   d) people who never been tested before.

3. Anyone who were concerned about their methylmercury exposure and wish to be sampled.

12. For the 1989 survey, it was estimated that over 1200 people will be tested compared to 2500 in 1988. All nine communities were involved in the mercury survey this year. The survey has shown that there are less people who are severly exposed than before.

13. December, 1988 and April, 1989, a special mercury survey was held in the communities of Whapmagoostui and Waswanipi. The purpose of this surveillance was to identify the individuals at risk with methylmercury exposure through the different seasons of a year.

14. A Methylmercury Surveillance Programme Handbook was prepared in French and English with some basic information on Mercury programme, hair sampling and pictures from the laboratories for hair and fish mercury analysis. It was distributed in all the communities to be used by the CHR's and medical staff to enhance a better understanding of the Mercury Programme.

15. We believe that the production of the Video on Mercury was the biggest and most challenging project for 1989-90. It will certainly be an invaluable educational tool that will contribute to enhance a better understanding of the mercury in the environment, fish, human being as well as all the analysis and research done about it within the Mercury Programme.

COMMUNICATION SERVICE

1. The Information Officer now has the computer tools allowing her to produce more effectively information programmes/ tools.

2. Editing and proofreading of the preliminary version of Annual Activties Report and consultation with designers and printers.

3. Production of Nutrition Month story to be broadcast regionally by radio.

4. Research and gathering of material for information to the population - Social Services: The Role of Community Workers.

5. Participation in the starting up of the MNQ's Radio for Better Health Programme.

6. Training on electronic publishing and the Macintosh system.

7. Participation in the production of the STD/AIDS pamphlet.

8. Final version, proofreading and layout of orientation book.

9. Participation in the preparation of mercury video.

10. Collection and editing of material for two special Aispich Chakwan issues - NNADAP and Nutrition.

11. Starting of weekly radio news from the CBHSSJB.

12. Participation in production of Career Awareness booklet.

13. Participation in Santé-Quebec survey preparation.

RESEARCH SERVICE

1. The research on the consumption of medicines and the organization of pharmacy services has started and will continue in 1990-1991.

2. As a subsidy for community health research, the Cree Board approved a research project on the Cree terminology used as regards health and social services. It will be conducted by the Mistissini Band Council (PHO) within the coming year.

3. Devising of the research protocol for the medico-social evaluation of the Mercury Programme (health sector).

4. Production, together with the NQM, of the 1989-1992 Triennial Planning of Community Health Research.

5. In cooperation with Hydro-Quebec (Environment) production of the research programme respecting the socio-economic and socio-cultural aspects of the Mercury Programme.

6. Together with the Santé-Quebec team, production of the research project for the health survey of region 10-B.

7. The University of Montreal has sent a research proposal to find a way of detecting early the effects of chronic cumulative methylmercury exposure before these effects are seen clinically. The Cree Board of Health will be asked to provide funds for the preparation of a more elaborate proposal.

GENERAL SECRETARIAT

1. Production of a memorandum on the draft Bill on Health Services and Social Services submitted at a parliamentary commission.

ADMINISTRATIVE SERVICES'ACTIVITY REPORT

HUMAN RESOURCES DEPARTMENT

Like last year, personnel turnover, including long-term absences, has not helped the smooth working of this Department. At one time, four of the seven positions were held by new incumbents.

The addition of a temporary professional has reduced the pressure of the workload to some extent. A more important move was the promotion of a native technician to a manager's position: this decision will insure in the future more stability and continuity to this Department.

Staffing

Because of the high turnover rate, the staffing function was very busy as usual. For example, we had to fill 62 positions, including 48 permanent ones. Five of these positions were managerial ones.

This activity does not include replacements which were recruited for holidays, particularly nurses. The recruitment of nurses, always a problem, has improved. We did not hire a single nurse through private agencies during the whole year. A new recruiting agent was hired in Montreal in order to exchange information related to recruitment. With the help of consultants, our image on recruitment adds has been changed and improved.

Training & Development of our Human Resources

- Great effort was made by the Training Officer to implement a set of procedures to ensure a systematic, coherent and accountable Training and Development function. This should be finalized next year.

- A revision was started on the "January 1988 Training and Development Special Funding Proposal" to MHSS so that we can reactivate the process.

- Considerable work was invested in producing a CBHSSJB long-term recruitment booklet "Stepping into the future, Careers in Health and Social Services". This project was funded by Health and Welfare Canada and will continue next year. Our goal is to hire Crees qualified in all areas.

- Time was invested in acquiring funding and supporting teachers at John Abbott College where 11 Crees are studying Nursing. The programme was funded in March.

- For the first time, the Training and Development function of the CBHSSJB has become part of the provincial CRSSS Training and Development Table. Unfortunately, resources do not allow us to participate fully like a real CRSSS.

- Time was spent in either assisting other managers in planning or implementing specific Training and Development sessions of analyzing or sending individuals to events outside the CBHSSJB.

- Some employees were counselled as to career paths and educational opportunities.

Labour relations

The certification of a new union for our nurses (FIIQ) and the signature of another collective agreement have triggered a high volume of activity in the labour relations field.

Following this new agreement, many grievances were filed and interpretations of new clauses had to be found.

We have tabled proposals to settle two major files, the arbitration case about food transportation cost for Chisasibi and the grievances on the same subject for the other communities. A settlement is insight for these matters which have been pending for years.

Others

The Human Resources Department continued to manage the Lodging allocation policy. During the year many improvements were made to this policy. The control over moving and storage expenses was tightened and new procedures were introduced.

Improvements in data entering for master files are needed. With stable personnel the Department will invest in training on this matter.

AUXILIARY SERVICES

89-90 has brought many changes to the Department, one of the most important being the addition of services that belonged to other Department:

- Transit apartments from Human Resources Department
- Kitchen, laundry, light and heavy cleaning, drivers/security from Nursing Department

This has put some extra burden on the Department which was already hampered by the continuity problems created by the succession of three directors at its head in less than seven months; lack of continuity which has generated an image problem the Department is strongly trying to change.

On the positive side, the Department is slowly being reorganized to integrate those new services and to develop comprehensive plans for all units. In that regard the first step which is being taken is to computerize Patient Services both in Val d'Or and Chisasibi.

Employees are being trained to the use of computers and a programmer will be hired on a contract base to set up the system in both Services. We already have received some very valuable input from the Planning and Programming Services in setting up the Val d'Or system.

The use of computers will improve on the numeric archive system (mini-mobilex) which has been set up in Val d'Or during the spring and which is already helpful.

The emphasis that has been put on beneficiaries accomodations in Val d'Or has already started to bear fruits as the 13.4% increase in number of admission to boarding homes shows. This has however contributed to increase an already high patient transportation budget deficit which, even if the highest of all services in the Department, is by no means the only one.

One interesting point deserving more attention when one focuses on the Auxiliary Services budget deficit is the exponential increase of exogeneously induced expenses like municipal taxes and so on; most of which have shown yearly increases in excess of 100%.

As for internally induced expenses, plans are being developed to reduce costs and achieve more efficient means of providing services particularly for telephone and maintenance needs.

Despite the general plan proposed last year by the former Assistant-General Manager, there is one big obstacle which has not been addressed and which is really hampering the functionning of the Department: it is the opening of additional positions, mainly the hiring of an Administrative Technician. The absence of a full time secretary has not helped either.

The last thing which is worth mentioning goes well beyond the boundaries of this Department and extends to the whole Cree Health Board in Chisasibi: it's the lack of space, be it office space (Ex. Patient Services), housing space or storage space. It is a problem which, if not solved, will sooner or later create very serious bottlenecks in the system and so, deserves the highest attention.

VAL D'OR CREE PATIENT SERVICES

STATISTICS

	1989-90	1988-89
Child	768	594
Adult	1343	1361
Total	2111	1955
Escort	953	809
Newborn	122	118
Transport	10237	11626

FINANCE DEPARTMENT

INTENSE --- would be the term to best describe the level of activity in the financial area for the Cree Health Board and **DEMANDING** --- would best describe the level of expectation from the personnel of the Finance Department.

Throught the year, files had to be dealt with numerous "interim" managers. This required active exchange with newly involved people in all areas of financial data processing including budget preparation and control, payroll, supplier payments, accounting records, policy and practice
requirements, etc.

This aspect of the Finance Department's involvement as support service was moreover demanding as within it's own staff, there was a high turnover rate (40% in new employees, 56% total effective rate considering internal reassignments to new functions).

Despite of this situation, a critical file was taken head-on to resolve the financial woes of the organization. Although most basic services are provided to the natives of James Bay, much is being done in terms of development. But even in those areas where approved services are organized and provided for, the same can't be said of the Ministry's funding of these.

With an unapproved organization plan, inadequate adjustment mecanisms to cover patient travel and non-assured services, as well as difficulties to obtain prompt action in numerous other finan-cial files, all made for this foreseable cash flow crisis. Progressively increasing deficits of .6 million, 1.3 million and an expected 2.2 million dollars for the current year...

A confrontation, in collaboration and goodwill, became the hi-lite activity of the year, leading to a series of meetings and discussions with Minister Marc-Yvan Côté, Ministry officials and technicians. As the year closes, the file is in full drive, adminis-trative and budgetary activity is under review, both at the MHSS and CBHSSJB levels.

Prospects are much improved at this point in time. We believe that mecanisms should be agreed upon shortly to eliminate those difficulties to which our organization has been subjected --- all are looking for better years ahead.

OPERATING FUND

REVENUES AND EXPENSES
FOR THE YEAR ENDING ON MARCH 31, 1990

	1989-1990	1988-1989
REVENUES		
Grant from M.S.S.H.Q.	$17 938 165	$16 460 911
Patients contribution	25 412	43 881
Activity Centres recoveries	125 018	140 625
Other revenues	654 647	780 294
TOTAL	$18 743 242	$17 425 711
EXPENSES		
Salaries	$ 8 618 316	$ 7 621 164
Fringes benefits	2 488 981	2 092 309
Other expenses	9 856 966	8 981 981
TOTAL	$20 964 263	$18 695 454
SURPLUS (DEFICIT)	($ 2 221 021)	$(1 269 743)

OPERATING FUND

BALANCE SHEET
AS AT MARCH 31, 1990

ASSETS	1989-1990	1988-1989
CURRENT ASSETS		
Cash	$ 107 716	$ 108 790
Deposits	---	---
Accounts Receivable		
- M.H.S.S.	697 133	652 927
- Other	240 054	325 381
Prepaid expenses and inventory	398 211	443 506
TOTAL	$1 443 114	$1 530 612
LIABILITIES		
Credit margin	225 000	---
Account Payable and accrued liabilities	$4 358 323	$2 809 315
Due to other funds	471 960	0
Other	0	9 000
TOTAL	$5 055 283	$2 818 315
BALANCE OF FUND (DEFICIT)	($3 612 169)	($1 287 703
	$1 443 114	**$1 530 612**

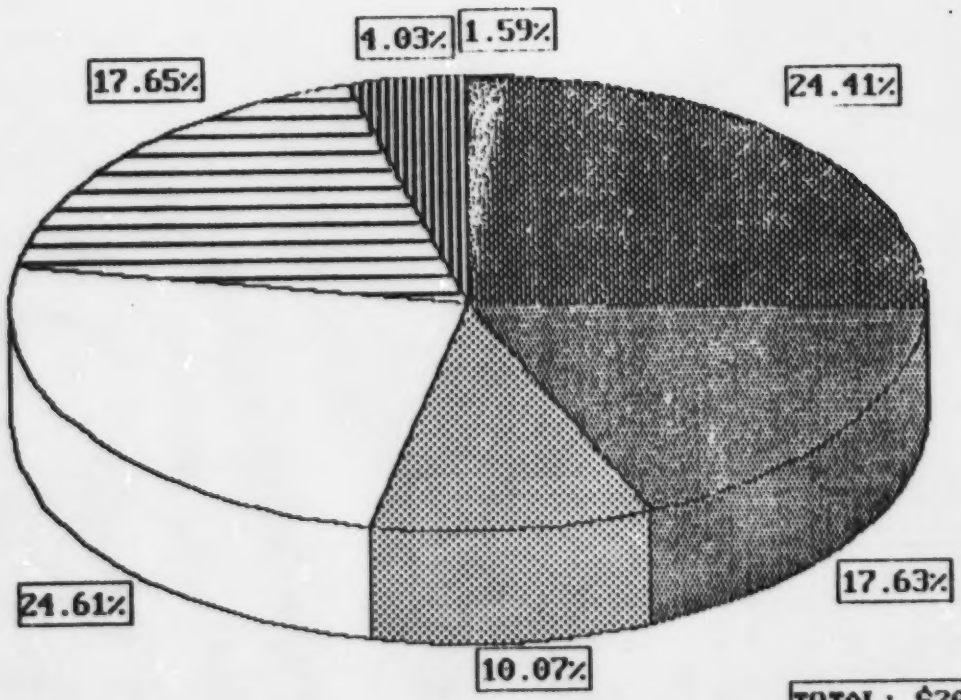
CAPITAL FUND

BALANCE SHEET
AS AT MARCH 31, 1990

ASSETS	**1989-1990**	**1988-1989**
CURRENT ASSETS		
Accounts receivable	$1 258 533	$ 79 190
Total of current assets	$1 258 533	79 190
LONG TERM ASSETS		
Buildings, leasehold improvement	$2 522 339	$1 959 551
Equipment, Vehicles	$2 684 612	$2 511 973
Deposit on assets	$ 942 096	$ 942 096
Total on long term assets	$6 149 047	$5 441 620
TOTAL	$7 407 580	$5 490 810
LIABILITIES		
Credit margin	$ 964 670	---
Accounts Payable	$ 20 573	$ 20 573
Due to Other Funds	42 525	269 768
TOTAL	$1 027 768	$ 290 341
Debentures	$1 500 000	$1 500 000
TOTAL	$2 527 768	$1 790 341
BALANCE OF FUND	$4 879 812	$3 700 469
TOTAL	$7 407 580	$5 490 810

DISTRIBUTION OF EXPENSES 1989-1990

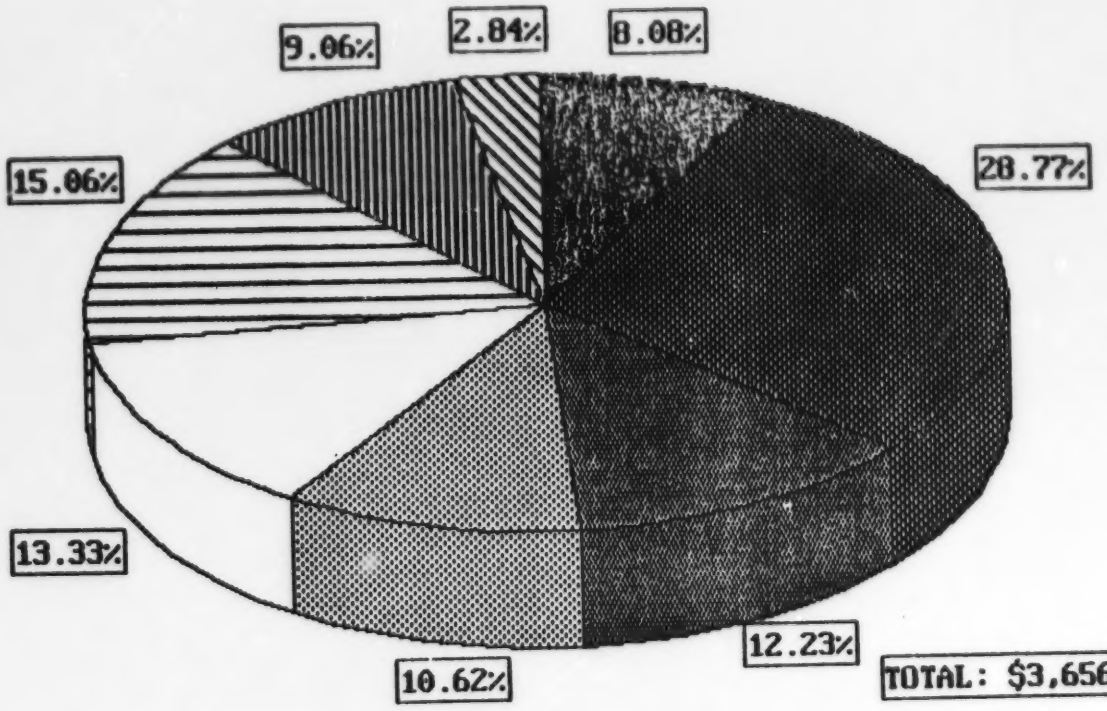
BY DIRECTION



TOTAL: $20,744,833

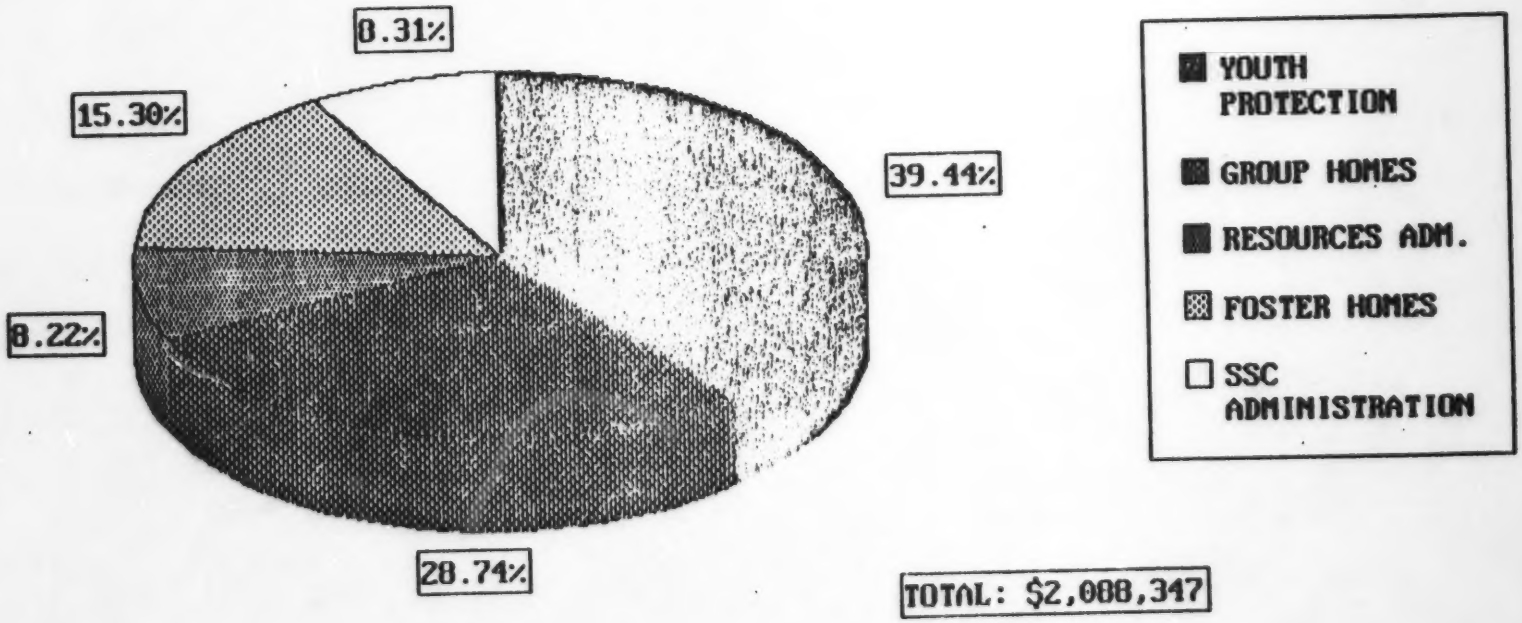
DISTRIBUTION OF EXPENSES 1989-1990

REGIONAL HOSPITAL CENTRE

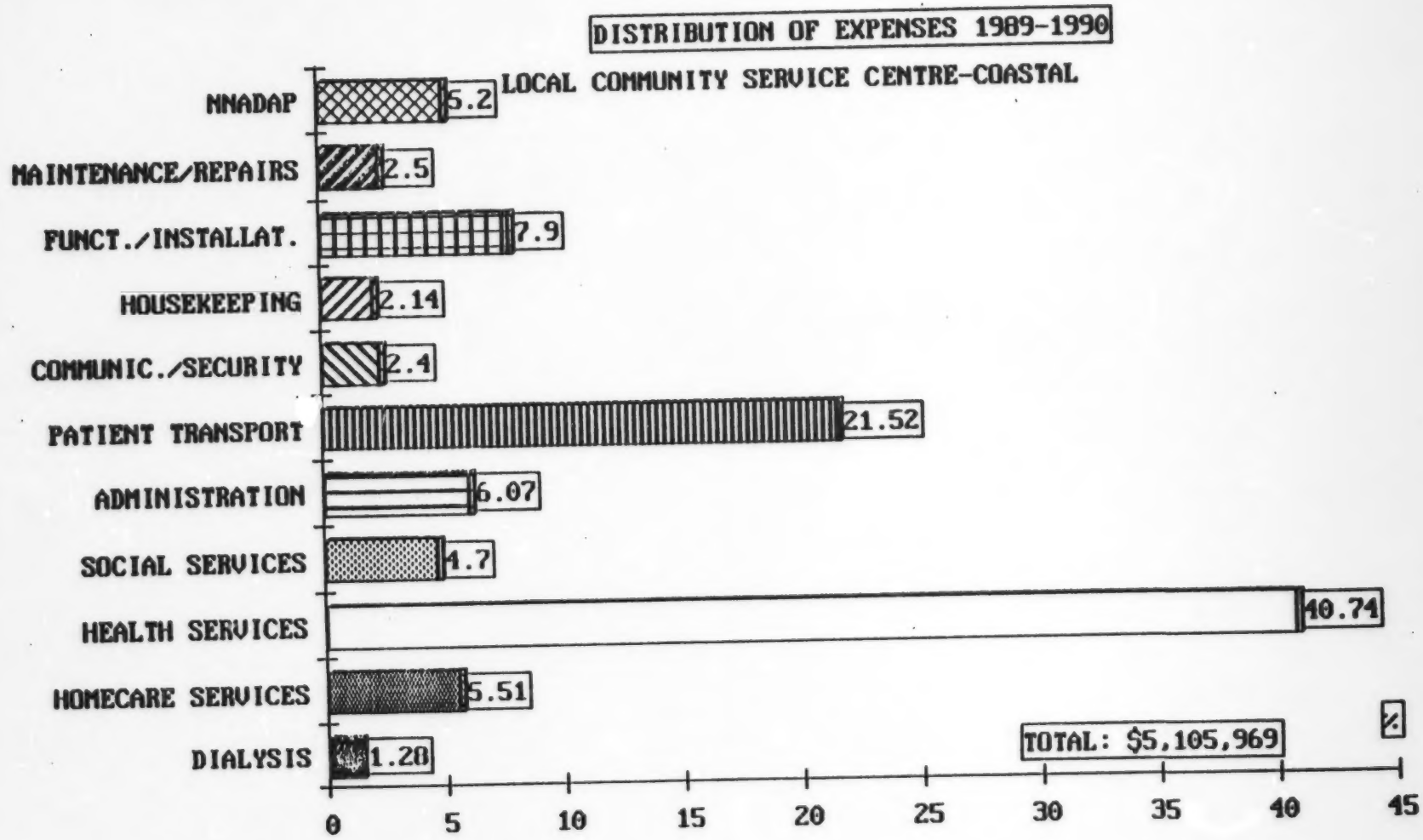


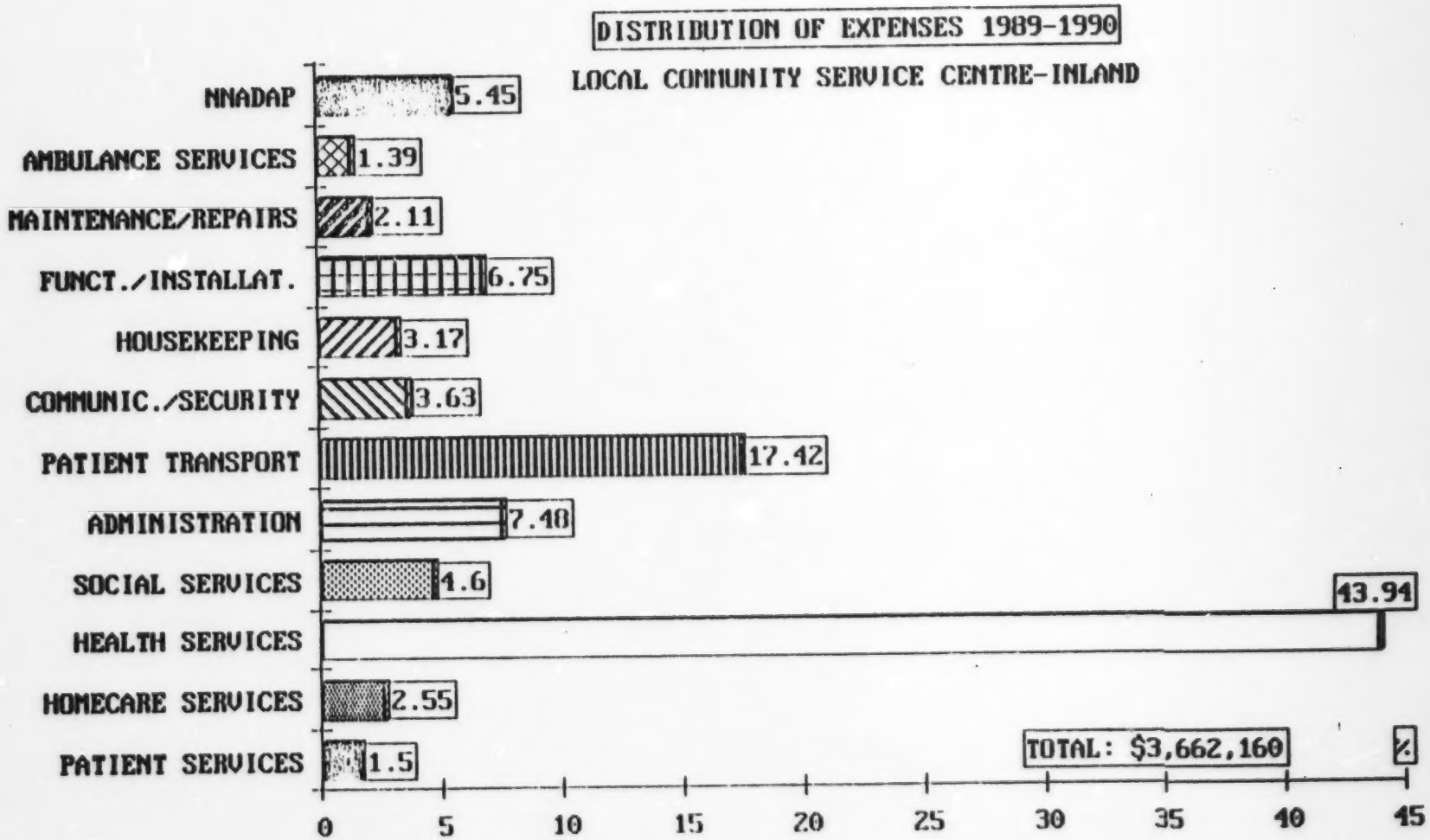
DISTRIBUTION OF EXPENSES 1989-1990

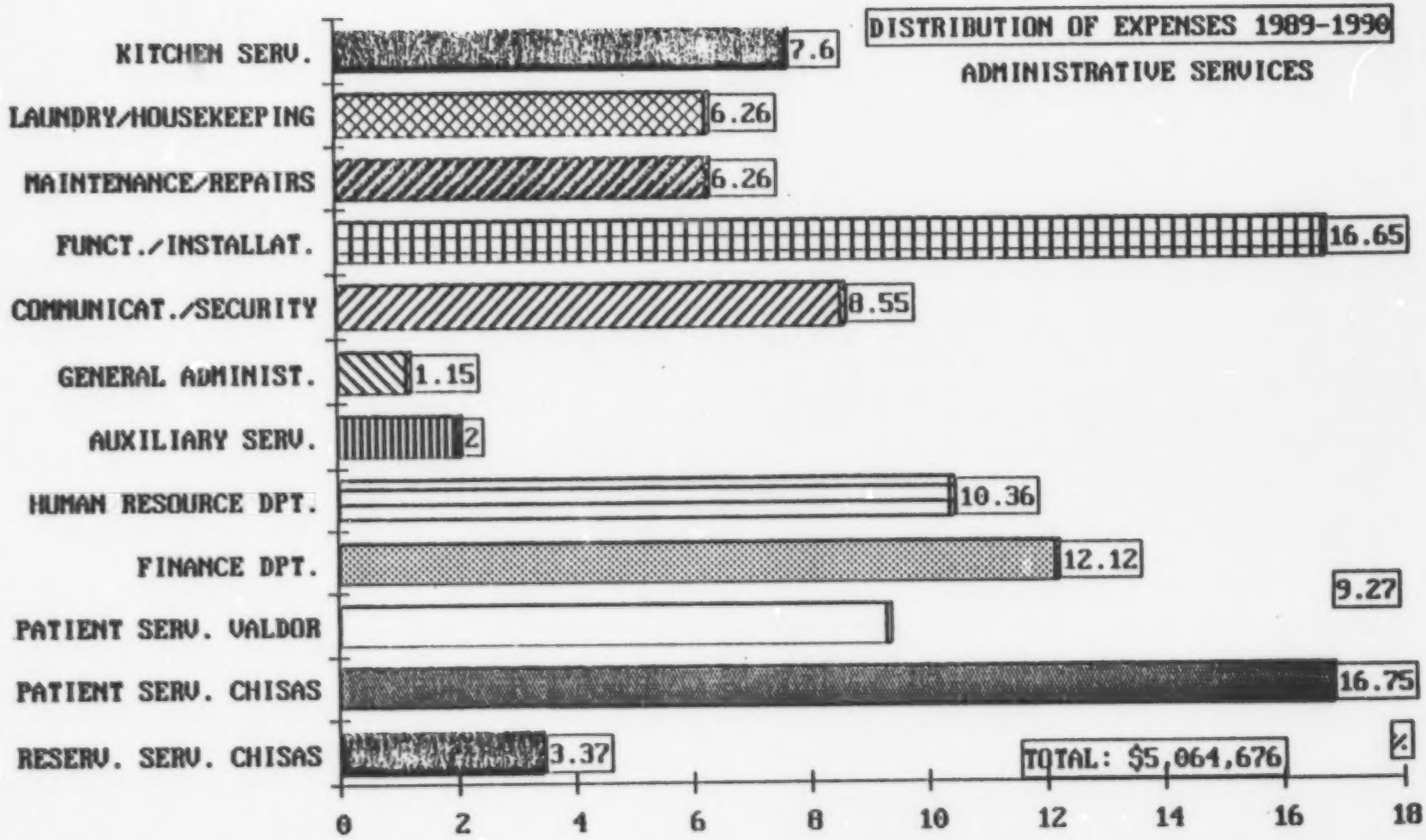
SOCIAL SERVICE CENTRE



TOTAL: $2,088,347

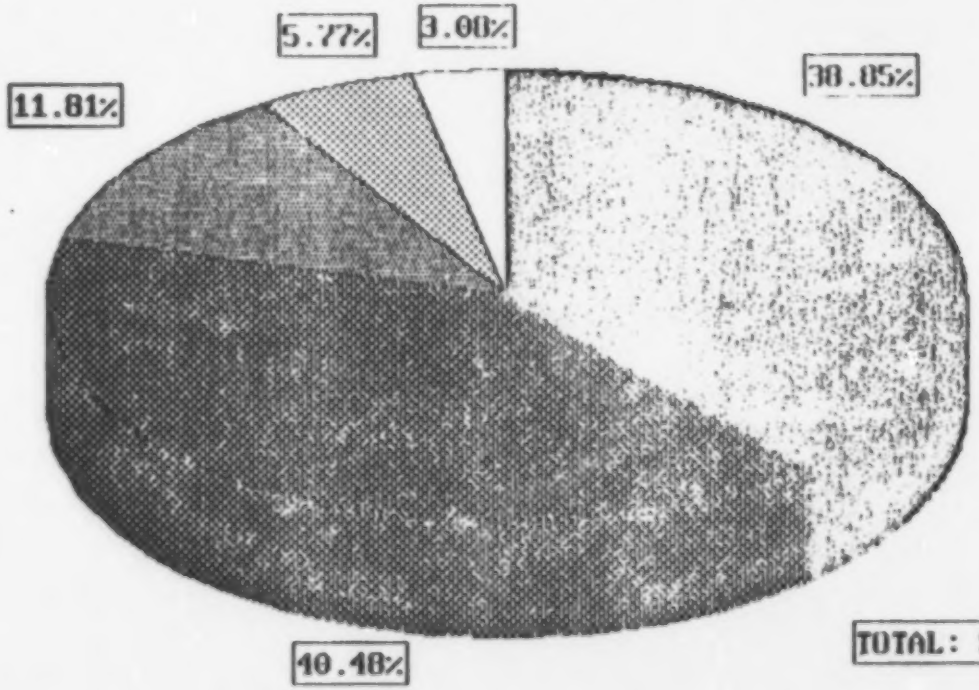

DISTRIBUTION OF EXPENSES 1989-1990
LOCAL COMMUNITY SERVICE CENTRE-COASTAL
NNADAP
5.2
MAINTENANCE/REPAIRS
2.5
FUNCT./INSTALLAT.
7.9
HOUSEKEEPING
2.14
COMMUNIC./SECURITY
2.4
PATIENT TRANSPORT
21.52
ADMINISTRATION
6.07
SOCIAL SERVICES
4.7
HEALTH SERVICES
40.74
HOMECARE SERVICES
5.51
DIALYSIS
1.20
TOTAL: $5,105,969
%
0
5
10
15
20
25
30
35
40
45


DISTRIBUTION OF EXPENSES 1989-1990
LOCAL COMMUNITY SERVICE CENTRE-INLAND
NNADAP
5.45
AMBULANCE SERVICES
1.39
MAINTENANCE/REPAIRS
2.11
FUNCT./INSTALLAT.
6.75
HOUSEKEEPING
3.17
COMMUNIC./SECURITY
3.63
PATIENT TRANSPORT
17.42
ADMINISTRATION
7.48
SOCIAL SERVICES
4.6
HEALTH SERVICES
43.94
HOMECARE SERVICES
2.55
PATIENT SERVICES
1.5
TOTAL: $3,662,160
%
0
5
10
15
20
25
30
35
40
45


DISTRIBUTION OF EXPENSES 1989-1990
ADMINISTRATIVE SERVICES
KITCHEN SERV.
7.6
LAUNDRY/HOUSEKEEPING
6.26
MAINTENANCE/REPAIRS
6.26
FUNCT./INSTALLAT.
16.65
COMMUNICAT./SECURITY
8.55
GENERAL ADMINIST.
1.15
AUXILIARY SERV.
2
HUMAN RESOURCE DPT.
10.36
FINANCE DPT.
12.12
PATIENT SERV. VALDOR
9.27
PATIENT SERV. CHISAS
16.75
RESERV. SERV. CHISAS
3.37
TOTAL: $5,064,676
%
0
2
4
6
8
10
12
14
16
18

DISTRIBUTION OF EXPENSES 1989-1990

PLANNING, PROGRAMMING, RESEARCH,
COMMUNICATIONS AND GENERAL SECRETARIAT SERVICES



TOTAL: $836,643